

Issue 7  
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## Items of Interest:

- **Were you C4 staff or did you attend C4 between 1980 and 2005?** If so, you are invited to the Defense Medical Readiness Training Institute's C4 25th Anniversary Celebration, 27 April 2005, at Camp Bullis, Tx. For more information call 210-221-781/9654.
- On any day in Navy Medicine \$1400 in dental care is provided by each dentist.
- The first Navywide symposium designed to take a close look at how to better develop its more than 180,000-member civilian workforce will be held May 2-3 in Reston, Va.

# Navy and Marine Corps Medical News

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## Navy Medicine to Build New Hospital in Japan, Doors Open in 2010

By Doris Ryan, Bureau of Medicine and Surgery Public Affairs

**WASHINGTON** – Navy Medicine is working closely with the government of Japan to finalize plans to build a new hospital on Camp Foster in Okinawa. As part of the implementation plan resulting from the Special Action Committee, Okinawa (SACO), the land where the current hospital is will be turned over to landowners on Okinawa through the local government.

"A project approval letter was signed in January," said Capt. James Dell, BUMED director of facilities. "This is a goal we have been working toward for several years. The new hospital will be located on a 45 acre sloping parcel of land overlooking the East China Sea."

Construction is scheduled to begin on the new 80-bed facility in 2006 and completed in 2010.

"Naval Hospital Okinawa is a

critical theater support facility," said Dell. "In addition to supporting 3<sup>rd</sup> Marine Division and Air Force beneficiaries on Okinawa, NHO would likely play a significant role in any theater contingency."

The new hospital will provide the same level of care as the current hospital, according to Dell. Currently care is provided for 175,000 personnel throughout the Western Pacific and to approximately 55,000 beneficiary personnel on Okinawa. The average annual workload of the current hospital, built in the 1950s, is about 250,000 outpatient visits; 5,000 inpatient admissions and 1200 births.

"The new hospital will have the same functions of the existing hospital, those functions will be provided and sized in accordance with the current DoD Medical Spacing Planning Criteria," Dell added.

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Computer generated view of the new hospital to be built at Camp Foster, Okinawa, Japan. The new hospital is slated for completion in 2010.

## Naval Hospital Charleston Honors Missing in Action

By Roberta Neighbors, Naval Hospital Charleston Public Affairs

**NORTH CHARLESTON, S.C.—** Naval Hospital Charleston had a ceremony to remove three photos of hospital corpsmen who have been Missing in Action.

Due to the success of DoD's Joint Operation Full Accounting, the

remains of the missing hospital corpsmen have been recovered, returned to their families, and laid to rest.

Hospitalman James P. McGrath and Hospitalman Ronald J. Manning were assigned to Headquarters and Service Company, 2nd Battalion, 9th Marine Regiment, 3rd Division,

Fleet Marine Pacific. Hospital Corpsman 1st Class Bernard Gause, Jr. was assigned to Headquarters and Service Company, 3rd Recon, Battalion, 3rd Marine Division, Fleet Marine Division Pacific.

Gause and Manning were team members on the ill fated rescue mission for the captured crew of the USNS Mayaguez on Koh Tang Island, Cambodia during May 1975. McGrath was part of a recon mission shot down over South Vietnam in 1967.

Rear Admiral Kathleen Martin, Deputy Surgeon General of the Navy, participated in the special memorial ceremony during her visit, Feb. 4. The ceremony was led by Hospital Corpsman 1st Class Maurice Jones in "honor of our shipmates, because they have finally come home."



(L to R) HM1 Maurice Jones; Capt. S.A. Widhalm, commanding officer; CMDCS (SW) Scott Bell; Rear Adm. Kathleen Martin, Deputy Surgeon General of the Navy; HM2 Mario Falu; HM2 Jason Snyder and HM3 Timothy Klym honor the three hospital corpsmen whose photos were removed from the Hall of Heroes MIAs in a special ceremony at Naval Hospital Charleston.

*Photo provided by NH Charleston Public Affairs*

## Ceremony Remembers 60th Anniversary of Iwo Jima Flag Raising

By Doris Ryan, BUMED Public Affairs

**WASHINGTON** — Marines from Marine Corps Base Quantico and Midshipmen from the US Naval Academy reenacted the flag raising on Mount Suribachi during a ceremony at Quantico, Va. to remember the 60th anniversary of the flag raising, Feb 24.

Pharmacist's Mate John Henry Bradley was one of the six photographed by Joe Rosenthal in what became the most famous picture of the war.

As Bradley was to remember, "I just jumped in and gave them a hand. I just came along. I was in a certain place at a certain time."

Iwo Jima would be his first and only campaign. He landed with his regiment Feb. 19 and just two days later would earn a Navy Cross for extraordinary heroism as a hospital corpsman in action against enemy forces. Under intense fire, Bradley rushed to the aid of a wounded Marine and pulled him to safety.

Bradley continued to serve on Iwo Jima until wounded in both legs by an enemy mortar shell, Mar. 12. The next day he was evacuated and transported to the National Naval Medical Center, Bethesda, Md.

The longest surviving member of the famed flag raisers, Bradley died at the age of 70, January 11, 1994.





## NACC Groton's GAMEPLAN Wins TRICARE Award for Health Care Innovation

By Lt. j.g. J.E. Randle, NHCNE Public Affairs

**GROTON, Conn.**— The Naval Ambulatory Care Center in Groton won the 2005 TRICARE Award for Healthcare Innovations for their proactive program to prevent diabetes. The program, called GAMEPLAN, is based on an National Institutes of Health prevention program that has been tailored to the needs of the center's patients.

"In 2003 NACC instituted the program through its Wellness Division with outstanding results," said Capt. Jeffrey A. Bashford, NACC Groton deputy. "This is a successful measure that has the potential to reduce type-II diabetes cases among our beneficiary population."

Catherine Ling, NACC Groton's Health Educator, realized the need for such a program due to the volume of pre-diabetic patients being seen by providers. She began an educational awareness program for the local beneficiary population that teaches about the precursors to diabetes. She also requested that providers refer pre-diabetic patients to the Wellness Division for evaluation.

"We have a comprehensive and cohesive package that includes individual appointments, personal assessment and goal accountability," said Ling. "Just knowing that they have a person to talk with and to be accountable too are two significant factors contributing to the success of the program."

During the initial appointment, Ling discusses the patient's expectations, overall goals, sleep patterns and stressors. She provides the patient with a food log, a pedometer and schedules an appointment with the dietician. At subsequent appointments an individual strategy is developed to help the patient attain personal goals.

"We schedule periodic follow-up appointments to assess each



Catherine Ling, (right) the NACC Groton's Health Educator, discusses exercise and nutrition with one of her patients as part of the GAMEPLAN program. The GAMEPLAN program won the 2005 TRICARE Award for Healthcare Innovations.

*Photo provided by NHCNE Public Affairs.*

patient's progress and devise methods to overcome obstacles," said Ling. "We know this is working because statistical trends indicate that the volume of diabetes-related prescriptions have decreased for

GAMEPLAN patients."

The GAMEPLAN acronym translates into Goals, Accountability, Monitoring Effectiveness Prevention through a Lifestyle of Activity and Nutrition.

### NEW HOSPITAL

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"For example, in the existing hospital providers see patients in their offices or in one exam room, in the new hospital providers will each have an office plus two separate exam rooms to see patients."

"The new hospital design will incorporate current building and seismic technologies consistent with Navy Medicine's vision of health care for the 21<sup>st</sup> century," said Dell. "It will comply with DoD /TMA, NFPA (National Fire Protection Code), and JCAHO (Joint Commission Accreditation Hospital Organization) construction standards. It will also have significantly more mechanical and communication space because of the equipment required to meet current indoor air quality standards and the requirement for more computer technology in the medical workplace."

The new hospital will house the latest medical technologies and strengthen Navy Medicine's ability to provide medical, dental and surgical care.

## Naval Health Clinic Pearl Harbor Steps Up IHR

By Journalist 3rd Class Ryan C. McGinley, Navy Region Hawaii Public Affairs

### PEARL HARBOR, Hawaii—

Naval Health Clinic Pearl Harbor instituted a new Individual Health Readiness (IHR) program in January to ensure each Pearl Harbor Sailor is healthy and mission-ready.

Naval Health Clinic established the program to build and improve total Navy Regional Hawaii health readiness, in response to a growing number of shore and sea Sailors deploying.

"We've done a great job with dental readiness, with most commands currently greater than 95 percent ready, but we have a long way to go to achieve similar medi-

cal readiness," Capt. Charles Barker, commanding officer of Naval Health Clinic Hawaii, recently told a group of regional commanding officers. "It is imperative that we bring each command's level of health readiness — both dental and medical — to at least 95 percent or better."

The IHR program aims to update periodic health assessment, deployment limiting conditions, dental readiness, immunization status, lab studies and individual medical equipment once a year.

"Instead of being reactive, we are now being proactive," said Hospital Corpsman 1st Class (AW) Patrick Pedrus.

Before, Pedrus said, Sailors would check in at the welcome center and then might not come back to medical for the three years they're stationed in Hawaii.

"This is just another tool to make sure that we're all ready to deploy," said Pedrus. "You come in and take care of all your medical and dental needs in one stop."

When Sailors come to dental for their annual check-up, they will now also meet with a corpsman who will review their record to make sure everything is up to date. If any assessments or immunizations are needed, an appointment will be made.

"This process will only take about 45 minutes to an hour once a year," said Pedrus. "It's preventive more than anything and important for the health of our Sailors."

The program not only targets deploying Sailors, but also Sailors who rarely visit medical except when they feel it's really necessary.

Pedrus said Naval Health Clinic expects the process of updating records to take approximately 12 months, aiming to make IHR an institution where the idea of visiting medical and dental once a year will automatically register with Sailors.

"Our goal is 100 percent contact with every active-duty member," said Pedrus.

## Orthopedic Care Aboard Mercy

By Journalist 3rd Class Isaac Needleman, USNS Mercy Public Affairs

### ABAORD USNS MERCY —

The Orthopedics team aboard USNS Mercy (T-AH 19) is conducting complicated surgical procedures for the survivors in Banda Aceh, Sumatra, Indonesia. The most common procedures are treatments for fractures of the femur and tibia.

"My team and I are afforded the opportunity to practice medicine and surgery at the highest level, therefore, we can provide the best treatment for the people of Banda Aceh," said Lt. Cmdr. Franklin Sechriest of Mercy's Orthopedics Department.

Many Indonesians sustained broken legs during the tsunami which were not treated following the disaster. They were confined to bed or placed on crutches. The patients could not be operated on ashore due to the high risk of osteomyelitis (bone infection) stemming from implantation of metal under sub-sterile conditions and the lack of medical personnel or equipment.

Aboard Mercy, the team can provide advanced orthopedic surgical care with safe and expeditious implantation of orthopedic hardware as well as anesthesia and critical care support.

"We treat these guys the same way we would treat our Marines," said Sechriest.

Recently Sechriest and Lt. Coby Croft, a preoperative nurse, visited an Indonesian Military hospital facility to assess a patient with a complex spine condition that was presented to one of the Indonesian orthopedists. Sechriest and an Indonesian orthopedist formulated a plan of treatment and a strategy for surgery, which could be performed aboard Mercy.

After the surgery the patient will be treated by the Indonesian orthopedist for long term care.

"The mission is shaping up to be one of the most profound experiences of my life," said Sechriest.

Before Mercy arrived, most of the orthopedics practiced ashore was done by the German, Australian, and International Red Cross colleagues. The procedures they performed ashore mainly consisted of skeletal traction, casting, and external fixation of fractures.

"We are able to provide multi-level care to a population of people who have been devastated by a massive nature disaster," said Croft.

The orthopedics team has now begun treating patients at the TNI hospital in Banda Aceh on a more frequent basis allowing for a greater coverage of care for the people within Banda Aceh who cannot all be flown to the Mercy.

## Bethesda Sailors Return from Kuwait Deployment

By Journalist SN Heather Weaver,  
Journal Staff Writer

**BETHESDA, MD.** — Seventeen Navy Medicine personnel regularly assigned to the National Naval Medical Center (NNMC) returned from a six-month deployment to Kuwait, February 13.

Bethesda's Sailors augmented a larger group of nearly 200 members of Naval Expeditionary Medical Facility (EMF) Portsmouth, Va. Bravo Detachment. EMF Portsmouth staffed the U.S. Military Hospital in Kuwait.

The group of doctors, nurses and support personnel provided medical services for units in Iraq, as well as coalition forces from Great Britain, Italy, Denmark and Japan.

According to one NNMC doctor, Lt. Cmdr. Jeffrey Blair, the group saw nearly 100 patients daily.

"Patients were sent down from Iraq for consultation ... many were able to be cared for in Kuwait and returned to their units," said Blair. "This helped Lansthul (Germany), which bears the brunt of the combat related casualties."

While in Kuwait, EMF Portsmouth started an elective surgery program and performed cardiac stress tests — both of which helped

to reduce the amount of time service members spent away from their units.

"Cardiac complaints made up a large part of our admissions and referrals. The relative age of those deployed this year is greater, so we were seeing many more medical issues related to this," said Blair. "Patients could receive exercise stress testing (to determine the strength of the heart during physical activity) and echocardiography (ultrasound of the heart)."

This is not the first deployment for NNMC Sailors in support of Middle Eastern operations, including Operation Iraqi Freedom.

Blair and many other staff members also deployed in 2003 aboard Navy hospital ship USNS



Comfort (T-AH 20) for a five-month medical mission in the Arabian Gulf.

"Although NNMC currently operates under tight mission requirements, the hospital continues to meet operational commitments overseas," said Lt. Cmdr. William Hughes, NNMC Contingency Operations. "This is only accomplished by the support and effort of the departments and staff who must carry on patient care and medical training."



Hospital Corpsman 1st Class, Rudy Medina receives congratulations from FORCM Jacqueline DiRosa after being named the BUMED Claimancy 18 Shore Sailor of the Year, March 2. Medina, who is assigned to Naval School of Health Sciences in San Diego, won recognition for his work in implementing key Web training portals and developing training curriculum which resulted in 100 percent graduation and exam pass rates in key training areas.



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